



Audits – Bay & Central Region  
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January 23, 2008

Leslie Tremaine, Ed.D., Director  
Santa Cruz County Mental Health and  
Substance Abuse Services  
1400 Emeline Avenue, Bldg. K  
Santa Cruz, CA 95060

Dear Dr. Tremaine:

**AUDIT REPORT – SANTA CRUZ COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Cruz County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$11,321,949	\$11,025,497	\$ (296,452)
Federal Share of Healthy Families	\$ 236,657	\$ 183,764	\$ (52,893)
State General Funds EPSDT Due State	\$ 2,219,280	\$ 2,045,654	\$ (173,626)

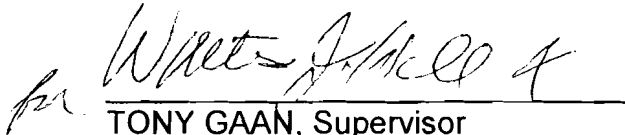
Leslie Tremaine, Ed.D., Director  
January 23, 2008  
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA  
Chief of Audits



TONY GAAN, Supervisor  
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SANTA CRUZ COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 6,806,865	\$ 185,730	\$ 6,992,595
HEALTHY FAMILIES - FFP	(Sch. 2a)	173,722	(45,066)	128,656
TOTAL FFP - COUNTY PROIVERS		<u>\$ 6,980,587</u>	<u>\$ 140,664</u>	<u>\$ 7,121,251</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 4,515,084	\$ (482,182)	\$ 4,032,902
HEALTHY FAMILIES - FFP	(Sch. 3b)	62,935	(7,827)	55,108
TOTAL FFP - COUNTY PROIVERS		<u>\$ 4,578,019</u>	<u>\$ (490,009)</u>	<u>\$ 4,088,010</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 11,321,949	\$ (296,452)	\$ 11,025,497
HEALTHY FAMILIES - FFP		236,657	(52,893)	183,764
TOTAL FFP - COUNTY PLUS CONTRACT PROIVERS		<u>\$ 11,558,606</u>	<u>\$ (349,345)</u>	<u>\$ 11,209,261</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	<u>\$ 2,219,280</u>	<u>\$ (173,626)</u>	<u>\$ 2,045,654</u>

SANTA CRUZ COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<b>Total Medi-Cal Gross Reimbursement</b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	10,059,840	18,253	10,078,093
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	3,433	(1)	3,432
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	242,295	(71,360)	170,935
9. Total		<u>\$ 10,305,568</u>	<u>\$ (53,108)</u>	<u>\$ 10,252,460</u>
<b>Less: Patient &amp; Other Payer Revenues</b>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	83,791	(0)	83,791
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 83,791</u>	<u>\$ (0)</u>	<u>\$ 83,791</u>
<b>Medi-Cal Net Reimbursement for Direct Services</b>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	9,979,482	18,253	9,997,735
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	242,295	(71,360)	170,935
25. Total		<u>\$ 10,221,777</u>	<u>\$ (53,107)</u>	<u>\$ 10,168,670</u>
<b>Medi-Cal MAA Reimbursement</b>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 54,613	\$ 0	\$ 54,613
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	39,101	0	39,101
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 93,714</u>	<u>\$ 0</u>	<u>\$ 93,714</u>

SANTA CRUZ COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		Audit		
		As Settled	Adjustments	As Audited
<b>Amount Negotiated Rates Exceed Cost</b>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b>Medi-Cal Administrative Reimbursement</b>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 2,963,224	\$ (137,897)	\$ 2,825,327
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 2,120,290	\$ 460,702	\$ 2,580,992
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,120,290</u>	<u>\$ 460,702</u>	<u>\$ 2,580,992</u>
<b>Healthy Families Administrative Reimbursement</b>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 33,871	\$ (7,136)	\$ 26,735
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 24,600	\$ 35,967	\$ 60,567
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 24,600</u>	<u>\$ 2,135</u>	<u>\$ 26,735</u>
<b>Utilization Review Reimbursement</b>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 739,641	\$ (216,423)	\$ 523,218
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 7,312</u>	<u>\$ 216,423</u>	<u>\$ 223,735</u>
<b>Net SD/MC Reimbursement - FFP</b>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 5,139,239	\$ 9,485	\$ 5,148,724
46. Enhanced (Children)	(MH1979, Ln 17,17A)	2,237	(1)	2,236
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	46,858	(1)	46,857
49. Administrative Reimbursement	(MH1979, Ln 6)	1,060,145	230,351	1,290,496
50. U.R. Skilled Professional	(MH1979, Ln 14)	554,731	(162,318)	392,414
51. U.R. Other	(MH1979, Ln 15)	3,656	108,212	111,868
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 6,806,866</u>	<u>\$ 185,729</u>	<u>\$ 6,992,595</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )	<u>0</u>	<u>0</u>	<u>0</u>
56. Total SD/MC Reimbursement - FFP		<u>\$ 6,806,866</u>	<u>\$ 185,729</u>	<u>\$ 6,992,595</u>
<b>Net Healthy Families Reimbursement - FFP</b>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 157,671	\$ (46,459)	\$ 111,212
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	16,052	1,393	17,445
60. Total Healthy Families Reimbursement - FFP		<u>\$ 173,723</u>	<u>\$ (45,067)</u>	<u>\$ 128,656</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 6,980,589</u>	<u>\$ 140,662</u>	<u>\$ 7,121,251</u>

(To Sch. 1)

[illegible]

[illegible]

(To Sch 1)



SANTA CRUZ COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION OF EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	18,583,941	(919,315)	17,664,626
(2) Total SD/MC Claims	25,318,001	0	25,318,001
(3) Percent % (Line 1/Line 2)	73.40%	(0.0363)	69.77%
(4) EPSDT Claims	9,751,778	0	9,751,778
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	7,157,805	(353,990)	6,803,816
(6) Cost Settled Baseline for EPSDT	2,458,698	0	2,458,698
(7) Net Cost Settlement Amount (Line 5 - Line 6)	4,699,107	(353,990)	4,345,118
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	2,281,886	(171,897)	2,109,989
(8a) FY 2001-02 EPSDT settlement	1,655,825	(189,186)	1,466,639
(8b) Annual Local Growth (L. 8 - 8a)	626,061	17,289	643,350
(9) County Match 10% of Local Growth (8b x 10%)	62,606	1,729	64,335
(10) Net Cost Settlement Amount (L. 8 - 9 )	2,219,280	(173,626)	2,045,654
(11) SGF Distribution (Settled and Audited)	2,219,280	0	2,219,280
(12) SGF Due (State)	0	(173,626)	(173,626)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

## AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 56	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO COSTS</u></b>			
1	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)  To reclassify general operating, telecom, patient data, patient accounting, clerical support and department operating & labor costs from the County's Contractors to the County Administrative Costs.	\$ (16,629,835)	\$ 860,029	\$ (15,769,806)
2	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 2,120,290	\$ 700,012	\$ 2,820,302 *
3	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 24,600	\$ 8,122	\$ 32,722 *
4	MH 1960	11	C	NON-SD/MC ADMINISTRATION	\$ 460,080	\$ 151,895	\$ 611,975 *
5	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	\$ <u>2,604,970</u>	\$ <u>860,029</u>	\$ <u>3,464,999</u> *
				To adjust SD/MC, Healthy Families and Non-SD/MC administrative costs as a result of adjustment 1 above. The distribution of SD/MC, Healthy Families and Non-SD/MC administrative costs was based on the reported administrative costs reflected on the cost reported.			
6	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 2,820,302	\$ (239,310)	\$ 2,580,992
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** \$ 32,722	\$ 27,845	\$ 60,567
8	MH 1960	11	C	NON-SD/MC ADMINISTRATION	** \$ 611,975	\$ 211,465	\$ 823,440
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ <u>3,464,999</u>	\$ <u>0</u>	\$ <u>3,464,999</u>
				To allocate SD/MC, Healthy Families and Non-SD/MC administrative costs based on the MAA percentage (73.69%) that the County used in the cost report. Outreach, Support and Healthy Families was considered before the SD/MC and Non-SD/MC could be determined.			
9	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 739,641	\$ (216,423)	\$ 523,218
10	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 7,312	\$ 216,423	\$ 223,735
	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>746,953</u>	\$ <u>0</u>	\$ <u>746,953</u>
				To reclassify Utilization Review Costs between Skilled Professional Medical Personnel and Other SD/MC Utilization Review to agree with County record.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST CONTRACT PROVIDERS</u>			
11	MH 1964	1	1	MODE COSTS FROM MH 1960 (DIRECT SERVICES AND MAA)	\$ 15,562,112	\$ (860,029)	\$ 14,702,083
				To adjust contract provider costs to eliminate the County administrative costs explained in adjustment 1 above. The following contractors were affected:			
				SCCCC	\$ 5,680,565	\$ (354,771)	\$ 5,325,794
				FRONT STREET	4,975,555	(257,501)	4,718,054
				TELECARE	79,567	(734)	78,833
				LINCOLN CHILD CENTER	9,176	(593)	8,583
				SENECA CENTER	15,872	(737)	15,135
				FAMILIES FIRST	2,102	(89)	2,013
				ACHIEVE KIDS	28,993	(1,064)	27,929
				DOMINICAN SC HOSPITAL	1,205,928	(105,274)	1,100,654
				CRESTWOOD HOSPITALS	125,936	(4,788)	121,148
				VOLUNTEER CENTER	1,469,241	(49,885)	1,419,356
				FSA OF SANTA CRUZ	66,954	(6,848)	60,106
				FAMILY SERVICE OF PAJARO VALLEY	78,087	(5,135)	72,952
				PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE	66,247	(5,279)	60,968
				PARENTS CENTER	577,148	(39,797)	537,351
				7TH AVENUE CENTER	625,284	(8,634)	616,650
				UNITY	555,457	(18,900)	536,557
				TOTALS	\$ 15,562,112	\$ (860,029)	\$ 14,702,083
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider SANTA CRUZ COUNTY				Provider Number 00044	No. of Adj. 56	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UOS/TIME CONTRACT PROVIDERS</u></b>			
				<b><u>DOMINICAN LEGAL ENTITY NUMBER 00232</u></b>			
12	MH 1966a	2	B	SFC 10-20	9,833	413	10,246
				<b><u>FSA OF SANTA CRUZ LEGAL ENTITY NUMBER 00443</u></b>			
13	MH 1966a	2	C	SFC 15-40	55,920	180	56,100
				<b><u>PAJARO PREVENTION LEGAL ENTITY NUMBER 00656</u></b>			
14	MH 1966a	2	B	SFC 15-30	3,420	60	3,480
15	MH 1966a	2	C	SFC 15-40	42,720	1,260	43,980
				To adjust total units of service to agree with the County's PSP 142 report.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS</u></b>			
16	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	1,135,679	9,936	1,145,615 *
17	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	2,630,039	2,341	2,632,380 *
18	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	1,433,455	1,077	1,434,532 *
19	MH 1901B(S)		J	MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	3,360	(225)	3,135 *
20	MH 1901B(S)		K	MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	5,650	(3,825)	1,825 *
21	MH 1901B(S)		L	MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	2,595	(90)	2,505 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98%	540	0	540 *
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00%	2,820	0	2,820 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98%	10,335	0	10,335 *
22	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%	64,673	(1,096)	63,577 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated March 19, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the provider.			
23	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	** 1,145,615	(1,104)	1,144,511 *
24	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	** 2,632,380	8,362	2,640,742 *
25	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	** 1,434,532	21,639	1,456,171 *
26	MH 1901B(S)		J	MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	** 3,135	225	3,360 *
27	MH 1901B(S)		K	MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	** 1,825	3,825	5,650 *
28	MH 1901B(S)		L	MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	** 2,505	90	2,595 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98%	** 540	0	540 *
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00%	** 2,820	0	2,820 *
29	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98%	** 10,335	(4,015)	6,320 *
30	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%	** 63,577	(7,512)	56,065 *
				To adjust the SD/MC and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted detailed workpapers to the County which shows the details of this adjustment.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS</u></b>			
31	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	1,144,511	1,098	1,145,609
32	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	2,640,742	(8,362)	2,632,380
33	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	1,456,171	(21,639)	1,434,532
34	MH 1901B(S)		J	MEDICARE/MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	3,360	(225)	3,135
35	MH 1901B(S)		K	MEDICARE/MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	5,650	(3,825)	1,825
36	MH 1901B(S)		L	MEDICARE/MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	2,595	(90)	2,505
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% **	540	0	540
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% **	2,820	0	2,820
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% **	6,320	0	6,320
37	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% **	56,065	(78)	55,987
				To adjust SD/MC units of service/time to incorporate the controls of the lower of DMH approved units vs. the county's records by SFC.			
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS</u></b>			
38	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40%	521,958	1,523	523,481 *
39	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00%	1,314,378	(360)	1,314,018 *
40	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35%	706,772	(434)	706,338 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98%	648	0	648 *
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00%	761	0	761 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98%	11,347	0	11,347 *
41	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00%	43,168	(961)	42,207 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated March 19, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the provider.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS</u></b>			
42	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	523,481	4,605	528,086 *
43	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	1,314,018	25,223	1,339,241 *
44	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	706,338	(2,968)	703,370 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% **	648	0	648 *
45	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% **	761	(82)	679 *
46	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% **	11,347	(22)	11,325 *
47	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% **	42,207	4,724	46,931 *
				To adjust the SD/MC and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted detailed workpapers to the County which shows the details of this adjustment.			
48	MH 1901B(S)		D	MEDI-CAL UNITS 7/1/02 - 9-30/02 @ 51.40% **	528,086	(4,605)	523,481 *
49	MH 1901B(S)		E	MEDI-CAL UNITS 10/1/02 - 3/30/03 @ 50.00% **	1,339,241	(25,485)	1,313,756 *
50	MH 1901B(S)		F	MEDI-CAL UNITS 4/1/03 - 6/30/03 @ 54.35% **	703,370	2,468	705,838 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS 7/1/02 - 9/30/02 @65.98% **	648	0	648 *
	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS 10/1/02 - 6/30/03 @65.00% **	679	0	679 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS 7/1/02 - 9/30/02 @65.98% **	11,325	0	11,325 *
51	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS 10/1/02 - 6/30/03 @65.00% **	46,931	(4,739)	42,192 *
				To adjust SD/MC units of service/time to incorporate the controls of the lower of DMH approved units vs. the county's records by SFC.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044	56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u></b>			
52	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 6,806,865	\$ 185,730	\$ 6,992,595
53	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 173,722	\$ (45,066)	\$ 128,656
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to adjustments to costs and units of service/time.			
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u></b>			
54	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 4,515,084	\$ (482,182)	\$ 4,032,902
55	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	62,935	(7,827)	55,108
				Total	<u>\$ 4,578,019</u>	<u>\$ (490,009)</u>	<u>\$ 4,088,010</u>
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to adjustments to costs and units of service/time.			
				Lincoln Child Ctr	As Settled \$ 4,647	Adjustments \$ (300)	As Audited \$ 4,347
				Seneca Center	8,262	(384)	7,878
				Families First	1,080	(45)	1,035
				Achieve Kids	14,231	0	14,231
				Dominican Hosp	201,682	(23,668)	178,014
				Volunteer Center	234,827	(13,206)	221,621
				SCCCC (Field Audit)	2,085,397	(250,679)	1,834,718
				Front Street (Field Audit)	1,349,849	(166,068)	1,183,781
				FSA of Santa Cruz	34,375	(3,548)	30,827
				FSA of Pajaro	40,275	(2,648)	37,627
				Pajaro Valley Prev.	34,399	(2,773)	31,626
				Parents Center	291,618	(20,137)	271,481
				Unity Care Group	277,377	(6,553)	270,824
					<u>\$ 4,578,019</u>	<u>\$ (490,009)</u>	<u>\$ 4,088,010</u>
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			



AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.	Fiscal Period Ended	
SANTA CRUZ COUNTY				00044		56	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
56	Sch 4			<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>		\$ 2,219,280	\$ (173,626)	\$ 2,045,654
				EPSDT - SGF  To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on lines 16, 16A, 17 ,17A and 18, Column C of form MH 1979 of audited County and Contract Providers.				
						</		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C
Legal Entity Number: 00044		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	13,637,968	19,050,867	32,688,835
2	Encumbrances		26,490	26,490
3	Less: Payments to Contract Providers (County Only)		(15,680,102)	(15,680,102)
4	Other Adjustments (Provide Detail)	(3,845,968)	4,880,871	1,034,903
5	Total Costs Before Medi-Cal Adjustments	9,792,000	8,278,126	18,070,126
6	Medi-Cal Adjustments from MH 1961			93,028
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			18,163,154
	Administrative Costs (County Only)			
9	SD/MC Administration			2,580,992
10	Healthy Families Administration			60,567
11	Non-SD/MC Administration			823,440
12	Total Administrative Costs			3,464,999
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			523,218
14	Other SD/MC Utilization Review			223,735
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			746,953
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			13,861,498
19	Total Costs - Lines 9 through 18			18,073,450

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
MEDI-CAL ADJUSTMENTS TO COSTS  
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	B	C
Legal Entity Number: 00044		Salaries and Benefits	Other	Total Adjustments
1	Fixed Assets Purchased		(74,860)	(74,860)
2	Use Allowance		(156,103)	(156,103)
3	Depreciation Expense		194,799	194,799
4	Building Financing Expense		650,729	650,729
5	Detention Services	(374,667)	(146,870)	(521,537)
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	(374,667)	467,695	93,028

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
 ALLOCATION OF COSTS TO MODES OF SERVICE  
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH  
 Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
 County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A
Legal Entity Number: 00044		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,861,498
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	79,536
4	Day Services (Mode 10)	2,440,277
5	Outpatient Services (Mode 15 Program 1 + Program 2)	10,185,801
6	Outreach Services (Mode 45)	246,144
7	Medi-Cal Administrative Activities (Mode 55)	102,200
8	Support Services (Mode 60)	807,540
9	Total - Lines 2 through 8	13,861,498

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	100.00%	60					
2	Total Units		795					
3	Gross Cost	79,536	79,536					
4	Cost per Unit		100.05					
5	SMA per Unit							
6	Published Charge per Unit		143.02					
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		795					
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		79,536	79,536				

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY			CR		CR		CR		
County Code: 44									
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00044				Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function	Function
				20	60	85	95		
1	Allocation Percentage		100.00%	5.33%	8.92%	63.04%	22.71%		
2	Total Units			2,084	1,574	4,234	2,887		
3	Gross Cost		2,440,277	130,109	217,708	1,538,329	554,131		
4	Cost per Unit			62.43	138.32	363.33	191.94		
5	SMA per Unit			82.94		177.60	115.14		
6	Published Charge per Unit			91.04	140.00	194.91	126.36		
7	Negotiated Rate / Cost per Unit								
8				920		668	484		
8A	Medi-Cal Units	07/01/02 - 09/30/02				3,249	488		
9									
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10									
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10B									
10B	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03							
11									
11A	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A						165			
12	Non-Medi-Cal Units			1,164	1,574	152	1,915		
13									
13A	Medi-Cal Costs	07/01/02 - 09/30/02	393,040	57,438		242,703	92,899		
13A			1,274,118			1,180,451	93,667		
14									
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	250,669	76,305		118,637	55,728		
14A			633,211			577,022	56,188		
15									
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	275,115	83,757		130,200	61,158		
15A			694,926			633,263	61,664		
16									
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A									
17									
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A									
18									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19									
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A									
20									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
20A									
21									
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A									
22									
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23									
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A									
24									
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
24A									
25									
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29									
29A	Healthy Families Costs	07/01/02 - 09/30/02							
29A			59,949			59,949			
30									
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03				29,304			
30A			29,304						
31									
31A	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A			32,160			32,160			
32									
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
32A									
33	Non-Medi-Cal Costs		713,170	72,671	217,708	55,226	367,565		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY			CR	CR	CR	CR	CR	CR
County Code: 44								
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F
Legal Entity Number: 00044				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	10	30	40	50
1	Allocation Percentage		100.00%	9.23%	27.45%	13.94%	45.19%	1.51%
2	Total Units			655,035	1,581,740	420,690	2,930,228	86,108
3	Gross Cost		9,716,186	896,474	2,666,718	1,354,572	4,391,140	146,715
4	Cost per Unit			1.37	1.69	3.22	1.50	1.70
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit			1.94	2.50	2.50	2.50	2.50
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		151,104	292,328	70,374	481,129	13,387
8A		10/01/02 - 06/30/03		415,710	1,047,744	243,677	1,936,958	48,841
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					3,135	
9A		10/01/02 - 06/30/03					4,330	
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		65	1,999	400	2,871	185
11A		10/01/02 - 06/30/03		1,132	19,759	5,089	24,450	720
12	Non-Medi-Cal Units			87,024	219,910	101,150	477,355	22,975
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,722,708	206,799	492,847	226,596	721,004	22,809
13A		10/01/02 - 06/30/03	6,231,022	568,936	1,766,433	784,611	2,902,659	83,218
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,356,874	267,454	666,508	160,453	1,096,974	30,522
14A		10/01/02 - 06/30/03	8,572,775	735,807	2,388,856	555,584	4,416,264	111,357
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,584,324	293,142	730,820	175,935	1,202,823	33,468
15A		10/01/02 - 06/30/03	9,400,244	806,477	2,619,360	609,193	4,842,395	122,103
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	4,698				4,698	
17A		10/01/02 - 06/30/03	6,489				6,489	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	7,148				7,148	
18A		10/01/02 - 06/30/03	9,872				9,872	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	7,838				7,838	
19A		10/01/02 - 06/30/03	10,825				10,825	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03	191					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03	409					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03	449					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	10,637	89	3,370	1,288	4,302	315
29A		10/01/02 - 06/30/03	92,061	1,549	33,312	16,386	36,640	1,227
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	15,280	115	4,558	912	6,546	422
30A		10/01/02 - 06/30/03	122,360	2,004	45,051	11,603	55,746	1,642
31	Healthy Families Published Charges	07/01/02 - 09/30/02	16,756	126	4,998	1,000	7,178	463
31A		10/01/02 - 06/30/03	134,168	2,196	49,398	12,723	61,125	1,800
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		1,648,380	119,100	370,755	325,691	715,348	39,146

8,426

County: SANTA CRUZ COUNTY  
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00044			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)									
1	Allocation Percentage		70						
2	Total Units		2.00%						
3	Gross Cost		122,278						
4	Cost per Unit		194,529						
5	SMA per Unit		1.59						
6	Published Charge per Unit		3.41						
7	Negotiated Rate / Cost per Unit		3.74						
8	Medi-Cal Units	07/01/02 - 09/30/02	26,354						
8A		10/01/02 - 06/30/03	49,205						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03	120						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	800						
11A		10/01/02 - 06/30/03	1,852						
12	Non-Medi-Cal Units		43,947						
13	Medi-Cal Costs	07/01/02 - 09/30/02	41,926						
13A		10/01/02 - 06/30/03	78,279						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	89,867						
14A		10/01/02 - 06/30/03	167,789						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	98,564						
15A		10/01/02 - 06/30/03	184,027						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	191						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	409						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	449						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	1,273						
29A		10/01/02 - 06/30/03	2,946						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	2,728						
30A		10/01/02 - 06/30/03	6,315						
31	Healthy Families Published Charges	07/01/02 - 09/30/02	2,992						
31A		10/01/02 - 06/30/03	6,926						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		69,914						



## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2  
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44			TBS	MHS	MHS	MHS	MHS	ASO	
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00044				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function	Function
				58	30	40	50	60	30
1	Allocation Percentage		100.00%	23.56%	5.08%	60.06%	0.25%	10.64%	0.22%
2	Total Units			37,650	17,400	286,020	2,460	37,270	1,665
3	Gross Cost		469,615	110,648	23,849	282,066	1,151	49,988	1,010
4	Cost per Unit			2.94	1.37	0.99	0.47	1.34	0.61
5	SMA per Unit			2.28	2.28	2.28	2.28	4.23	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	20,580	3,060	65,040	540	8,980	
8A			10/01/02 - 06/30/03	10,800	14,220	216,660	1,920	27,735	1,665
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02						
9A			10/01/02 - 06/30/03						
10	Enhanced SD/MC Units		07/01/02 - 09/30/02		60	480			
10A			10/01/02 - 06/30/03		60	2,640			
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03	2,820					
12	Non-Medi-Cal Units			3,450		1,200		555	
13	Medi-Cal Costs		07/01/02 - 09/30/02	141,114	60,482	4,194	64,141	253	12,044
13A			10/01/02 - 06/30/03	304,906	31,740	19,490	213,665	898	37,199
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	241,407	46,922	6,977	148,291	1,231	37,985
14A			10/01/02 - 06/30/03	679,806	24,624	32,422	493,985	4,378	117,319
15	Medi-Cal Published Charges		07/01/02 - 09/30/02						
15A			10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02						
17A			10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02						
18A			10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02						
19A			10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02	556		82	473		
21A			10/01/02 - 06/30/03	2,686		82	2,604		
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02	1,231		137	1,094		
22A			10/01/02 - 06/30/03	6,156		137	6,019		
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03	8,288	8,288				
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03	6,430	6,430				
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs			12,067	10,139	(0)	1,183	744	

County: SANTA CRUZ COUNTY  
County Code: 44

ASO

Legal Entity: SANTA CRUZ COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00044		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
		40						
1	Allocation Percentage	0.19%						
2	Total Units	1,440						
3	Gross Cost	903						
4	Cost per Unit	0.63						
5	SMA per Unit	2.28						
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03	1,440					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03	903					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03	3,283					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

CR

Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		5,471					
3	Gross Cost	246,144	246,144					
4	Cost per Unit		44.99					
5	Non-Medi-Cal Units		5,471					
6	Non-Medi-Cal Costs	246,144	246,144					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

County Code: 44		MAA	MAA	MAA	MAA			
Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00044		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	04	11	31		
1	Allocation Percentage	100.00%	53.35%	0.08%	5.67%	40.89%		
2	Total Units		75,870	120	8,064	58,150		
3	Total Expenditures	102,200	54,527	86	5,795	41,792		
4	Cost per Unit		0.72	0.72	0.72	0.72		
5	Non-Medi-Cal Costs	8,486						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

County Code: 44				CR	CR	CR	CR		
Legal Entity: SANTA CRUZ COUNTY		A	B	C	D	E	F	G	
Legal Entity Number: 00044		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	
Mode: 60 - Support									
			20	30	40	60			
1	Allocation Percentage	100.00%	10.22%	17.98%	49.79%	22.02%			
2	Total Units		1,375	2,420	6,701	2,963			
3	Gross Cost	807,540	82,500	145,200	402,040	177,800			
4	Cost per Unit		60.00	60.00	60.00	60.01			
5	Non-Medi-Cal Units (Same as Line 2)		1,375	2,420	6,701	2,963			
6	Non-Medi-Cal Costs (Same as Line 3)	807,540	82,500	145,200	402,040	177,800			

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44

County Code: 44			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: SANTA CRUZ COUNTY			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00044				Mode 55		Total	Total				Total		Total
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Outpatient Exclude Program (2)	Mode 15 Program (2)	(Col I + Col J)
1	Medi-Cal Costs	07/01/02 - 09/30/02											
1A		10/01/02 - 06/30/03							393,040	1,722,708	2,115,747	141,114	2,256,861
2	Medi-Cal SMA	07/01/02 - 09/30/02							1,274,118	6,231,022	7,505,140	304,906	7,810,046
2A		10/01/02 - 06/30/03							250,669	2,356,874	2,607,544	241,407	2,848,951
3	Medi-Cal P. C.	07/01/02 - 09/30/02							633,211	8,572,775	9,205,986	679,806	9,885,793
3A		10/01/02 - 06/30/03							275,115	2,584,324	2,859,439		2,859,439
4	Medi-Cal N. R.	07/01/02 - 09/30/02							694,926	9,400,244	10,095,170		10,095,170
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							393,040	1,722,708	2,115,747	141,114	2,256,861
5A		10/01/02 - 06/30/03							1,274,118	6,231,022	7,505,140	304,906	7,810,046
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								4,698	4,698		4,698
6A		10/01/02 - 06/30/03								5,489	5,489		5,489
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								7,148	7,148		7,148
7A		10/01/02 - 06/30/03								9,872	9,872		9,872
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								7,838	7,838		7,838
8A		10/01/02 - 06/30/03								10,825	10,825		10,825
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								4,698	4,698		4,698
10A		10/01/02 - 06/30/03								5,489	5,489		5,489
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							393,040	1,727,406	2,120,445	141,114	2,261,559
11A		10/01/02 - 06/30/03							1,274,118	6,237,511	7,511,629	304,906	7,816,534
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02										556	556
12A		10/01/02 - 06/30/03								191	191	2,686	2,877
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02										1,231	1,231
13A		10/01/02 - 06/30/03								409	409	6,156	6,565
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03								449	449		449
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02										556	556
16A		10/01/02 - 06/30/03								191	191	2,686	2,877
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							393,040	1,727,406	2,120,445	141,669	2,262,115
21A	(Excludes Refugees)	10/01/02 - 06/30/03							1,274,118	6,237,702	7,511,820	307,591	7,819,411
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02								10,637	10,637		10,637
23A		10/01/02 - 06/30/03							59,949	92,061	152,010	8,288	160,297
24	Healthy Families SMA	07/01/02 - 09/30/02								15,280	15,280		15,280
24A		10/01/02 - 06/30/03							29,304	122,360	151,664	6,430	158,094
25	Healthy Families P. C.	07/01/02 - 09/30/02								16,756	16,756		16,756
25A		10/01/02 - 06/30/03							32,160	134,168	166,328		166,328
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								10,637	10,637		10,637
27A		10/01/02 - 06/30/03							59,949	92,061	152,010	8,288	160,297
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							2,961	21,046	24,007		24,007
28A		10/01/02 - 06/30/03								59,784	59,784		59,784
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		54,613	47,587		102,200							
33	Medi-Cal Eligibility Factor (Average)			82.17%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	54,613	39,101		93,714			390,079	1,706,360	2,096,438	141,669	2,238,108
35A		10/01/02 - 06/30/03							1,274,118	6,177,918	7,452,036	307,591	7,759,627
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02								10,637	10,637		10,637
37A		10/01/02 - 06/30/03							59,949	92,061	152,010	8,288	160,297
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %  
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY  
County Code: 44  
Legal Entity: SANTA CRUZ COUNTY

Legal Entity Number: 00044		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	390,079	1,274,118	200,500	658,048		
4	15 - Outpatient (Program 1)	1,706,360	6,177,727	877,069	3,183,843		
5	15 - Outpatient (Program 2)	141,114	304,906	72,532	156,731		
6	Totals	2,237,552	7,756,750	1,150,102	3,998,622		
7	Totals from MH1979	2,237,552	7,756,750	1,150,102	3,998,622		
8	Effective SD/MC FFP %					51.40%	51.55%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (10/04)

Fiscal Year 2002-2003

County: SANTA CRUZ COUNTY County Code: 44						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8								
Legal Entity: SANTA CRUZ COUNTY						A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00044						Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.55% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)														
1	County SD/MC Direct Service Gross Reimbursement							10,081,526	10,081,526						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement						1,059,584	7,694,404	8,753,988						
3	Total Medi-Cal Direct Service Gross Reimbursement								18,835,514						
4	Medi-Cal Administrative Reimbursement Limit								2,825,327						
5	Medi-Cal Administration								2,580,992						
6	Medi-Cal Administrative Reimbursement								2,580,992	1,290,496					1,290,496
	Healthy Families Administrative Reimbursement (County Only)														
7	County Healthy Families Direct Service Gross Reimbursement							267,351	267,351						
8	Healthy Families Administrative Reimbursement Limit								26,735						
9	Healthy Families Administration								60,567						
10	Healthy Families Administrative Reimbursement								26,735				17,445		17,445
	SD/MC Net Reimbursement for MAA														
11	Medi-Cal Admin. Activities Svc Functions 01 - 09					54,613			54,613	27,307					27,307
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39					39,101			39,101	19,551					19,551
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)														
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)								523,218					392,414	392,414
15	Other SD/MC Utilization Review (County Only)								223,735	111,868					111,868
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02		2,237,552	2,237,552		1,150,102				1,150,102
16A						10/01/02 - 06/30/03		7,756,750	7,756,750			3,998,622			3,998,622
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02		556	556				367		367
17A						10/01/02 - 06/30/03		2,877	2,877				1,870		1,870
18	Enhanced SD/MC Net Reimb. (Refugees)														
19	Total SD/MC Reimbursement Before Excess FFP														6,992,595
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC														
21	Total SD/MC Reimbursement (FFP)														6,992,595
22	Contract Limitation Adjustment														
23	Adjusted Total SD/MC Reimbursement (FFP)														6,992,595
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02		10,637	10,637				7,019		7,019
24A						10/01/02 - 06/30/03		160,297	160,297				104,193		104,193
25	Total Healthy Families Reimbursement Before Excess FFP														128,656
26	Amount Negotiated Rates Exceed Costs - Healthy Families														
27	Total Healthy Families Reimbursement														128,656